Name in Full: Nancy M Barton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904 Month: May 5 Day: 4

Age: Years: 62 Months: 11 Days: 23

Sex: Female Color or Race: White Birthplace: Va

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: Wm Barton

Father's Name: Richard Hill Father's Birthplace: Va

Mother's Maiden Name: Amanda Hill Mother's Birthplace: Va

Name of person giving Imformation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age - atheromatous arteries Fr Paralysis. How long: —

Immediate: How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor Dmiller Jr.

Address: Hagerstown Md.

Accident or Suicide? —

LIBRARY BUREAU A89316

Name in Full

Certificate of Death

John N. Baughman

Died at Town Maugansville County Washington MARYLAND

Date 1904 Month May Day 9 | Age Y. 65 M. 4 D. 13 | Native of Md. | Occupation Farmer & Race

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 11

~~Wife~~ Husband of Sarah Wolf

Father's Name

Mother's Maiden Name

Cause of Death: Primary Heart Disease (Dropsy) | How long sick 8 months

Immediate —

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by D. C. Miller M.D.

Address Maugansville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name in Full: Edith Unger Beard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Smithsburg; County: Washington

Date of death: Month: May; Day: 5th; 1904

Age: Years: 32; Months: 10; Days: 24

Sex: Female; Color Race: White; Birthplace: Near Smithsburg

Occupation: Wife of family; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Jos E Beard

Father's Name: Isaac Shank; Father's Birthplace: Near "

Mother's Maiden Name: Elizabeth Unger; Mother's Birthplace: "

Name of person giving Imformation: Husband Jos. E. Beard; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: About Three years

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J L Massie M D

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Joseph Bouard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington.

Date of death: Month: May; Day: 6; Years: 77; Months: 2; Days: 15

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: widower; Name of Wife or Husband: Susannah Bouard

Father's Name: Jacob Bouard; Father's Birthplace: Md.

Mother's Maiden Name: Sallie Burkhart; Mother's Birthplace: "

Name of person giving Imformation: Levis D Bouard; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible]; How long:

Immediate: Paralysis; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of: C M Euler Undertaker

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A89019

Name in Full

Certificate of Death

Lula Brown

Town

County

Died at Zeigler

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	February 6	Age 15		26	Ind	

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name Leslie H Brown

Mother's Maiden Name Sarah Ellen Jones

Cause of Death: Primary Mitral Stenosis

How long sick 1 2 y

Immediate Dropsy & Dyspnoea

Accident, Suicide, Homicide

Reported by C. D Baker MD

Address Robinsonville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full: Max Raymon Brower

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Euclid — County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: 5 — Day: 31 — 1904

Age: Years: — Months: 4 — Days: 27

Sex: Male — Color or Race: White — Birthplace: Euclid

Occupation: None — Where Residing if not at place of death: Euclid

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: None

Father's Name: Ruben Brower — Father's Birthplace: Euclid

Mother's Maiden Name: Mag Harbaugh. — Mother's Birthplace: Sabbathville

Name of person giving In formation: Ruben Brower. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Physician in attendance — How long: Few days

Immediate: Spinal disease. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Leo Hoover Undertaker

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Straughter Lee Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Antietam — County: Washington

Date of death 190 X: Month: May — Day: 11.

Age: Years: 1. — Months: 1. — Days: 20.

Sex: Male — Color or Race: White — Birthplace: Antietam

Married, Single or Widowed: ~~~ — Occupation: ~~~

Name of Wife or Husband: ~~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Lee Campbell — Father's Birthplace: Va.

Mother's Maiden Name: Annie May — Mother's Birthplace: "

Name of person giving information: Robert Lee Campbell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough — How long: 5 wks.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Garnett, M.D.

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A8801C

Eugene Master
Undertaker.

Name in Full: Charles Edgar Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: Jan — Day: 12 — Years Age: 0 — Months: 0 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Hagerstown

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Charles L. Clark — Father's Birthplace: Pa.

Mother's Maiden Name: Lola Roof — Mother's Birthplace: Pa.

Name of person giving information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: Apnoea — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. R. Schuler

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full

Certificate of Death

Estafinnie Culpepper

Died at Town: Leitersburg County: Washington MARYLAND

Date 1904 Month: 5 Day: 16 | Age Y. 32 M. - D. - | Native of Md | Occupation Housewife

Male / Female | White / ~~Colored~~ | Married / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband / Wife of Robert W Culpepper

Father's Name Aaron Hoover Mother's Maiden Name

Cause of Death: Primary Confinement

Immediate

How long sick 10 days

~~Accident~~, Suicide, ~~Homicide~~

Reported by W. L. Stevens

Address Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Hagerstown — (County): Washington

Date of death 1904: Month: 5 — Day: 13 — Age: Years: — Months: — Days: few hours

Sex: female — Color or Race: White — Birthplace: Hagerstown Md

Married Single or ~~Widowed~~: Single — Occupation: —

Name of Wife or Husband: — —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Bertie Cramer — Mother's Birthplace: Md

Name of person giving information: Samuel Crone — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Stuller Jr.

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A83516

Name in Full: William Franklin Daugherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fair Play — County: Washington

Date of death: 1904 — Month: May — Day: 13 — Age: Years — Months: 7 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George A. Daugherty — Father's Birthplace: Md

Mother's Maiden Name: Mollie B Loorh — Mother's Birthplace: Md

Name of person giving Information: W.M. Reichard — How related to deceased: Notarial

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: 10 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.M. Reichard

Address: Fair Play.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lydia Deitrich

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mercersburg; County: Franklin Co. Pa.

Date of death: 1904; Month: May; 7th; Age: Years: 41; Months: —; Days:

Sex: Female; Color or Race: White; Birthplace: Franklin Co Pa

Occupation: Farmer's wife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: John Deitrich

Father's Name: George Uyler; Father's Birthplace: Franklin Co. Pa

Mother's Maiden Name: Rummel; Mother's Birthplace: Don't Know

Name of person giving Information: F. M. Barnhart; How related to deceased: Brother-in-Law

53

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Leucocythemia; How long: 5 mos.

Immediate: Heart failure; How long: Few weeks

Are the name, age, sex, color, date and place correctly given above? yes—

Signature of Physician: D. F. Unger — M. D.

Address: Mercersburg Pa.

Accident or Suicide?

LIBRARY BUREAU A8881M

Name in Full: Daniel K. Doub.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Hagerstown (County) Washington

Date of death 1904 (Month) May (Day) 28 Age (Years) 64 (Months) 11 (Days) 20

Sex: Male | Color or Race: White | Birthplace: Maryland.

Occupation: Farmer. | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: C. Cathrine Doub.

Father's Name: Johnathan Doub. | Father's Birthplace: Maryland.

Mother's Maiden Name: Cathrine Rinehart | Mother's Birthplace: "

Name of person giving Information: Anne C. Doub. | How related to deceased: Wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] | How long: [illegible]

Immediate: Paralysis | How long: Several Years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Pfoutz

Address: Hagerstown

Accident [illegible]

LIBRARY BUREAU A88516

Dr Scott

CERTIFICATE OF DEATH

STATE MARYLAND

Name in Full: Mary Catharina Eakle

Died at: Town: Eakles Mills — County: Washington

Date of death: Month: 5 — Day: 22 — 1904

Age: Years: 54 — Months: 10 — Days: 12

Sex: Female

Color or Race: White

Birthplace: Clearspring

Occupation: House Wife

Where Residing if not at place of death: Eakles Mills

Married, Single or Widowed

Name of Wife or Husband: Mary C Eakle

Father's Name: Wm Eughrea

Father's Birthplace: Clearspring

Mother's Maiden Name: Anna Prather

Mother's Birthplace: Pa

Name of person giving information: Clarence Eakle

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Two years

Immediate: Exhaustion — How long: 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nihiser

Address: Keedysville Md.

Accident or Suicide

LIBRARY BUREAU A83515

Name in Full: Claude Wesley Eavey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: May; Day: 16; Age — Years — Months — Days: 3.

Sex: male; Color or Race: White; Birthplace: Sharpsburg

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: J Wesley Eavey; Father's Birthplace: Sharpsburg

Mother's Maiden Name: Adelia Cordelia Smith; Mother's Birthplace: "

Name of person giving In formation: J Wesley Eavey; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia - Found dead. How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. M. Gannt

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A69518

Eugene Tasker,
Undertaker,

Name in Full: Christian W. Eby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Maugansville — County: Wash.

Date of death: Month: 5 — Day: 9 — Years: 77 — Months — Days

Sex: male — Color or Race: white. — Birthplace: Lancaster C. Pa

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Susan Eby

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Michael Martin — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis & Nephritis. — How long: 3 years.

Immediate: Exhaustion — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Norton O'Neiller Jr.

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A89616

Name in Full: Clarence R. Eyerly.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington.

Date of death: Month: May; Day: 27; Year: 1904; Age: Years: 28; Months: 6; Days: 15

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: Silk Weaver; Where Residing If not at place of death:

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: Albert J. Eyerly; Father's Birthplace: Md.

Mother's Maiden Name: Susan Mittag; Mother's Birthplace: "

Name of person giving In formation: Mrs. Susan Eyerly; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Marbourg

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full

Ino Wm Farling.

Certificate of Death

Town: Pleasantville County: Washington

Died at Pleasantville Washington MARYLAND

Date 1904 Month May Day 17 | Age Y. 77 M. D. | Native of Maryland | Occupation Labourer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis — How long sick: 17 days

Immediate: Exhaustion — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by B B Parson M D

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Mrs Johanna Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 5; Day: 18

Age: Years: 63; Months: 11; Days: 18

Sex: Female; Color or Race: White; Birthplace: Va

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Julius Fisher

Father's Name: Dont Know; Father's Birthplace: "

Mother's Maiden Name: " "; Mother's Birthplace: "

Name of person giving Information: Julius Fisher; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Heart Disease; How long: Two Years

79

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: McPeak

Address: Hagerstown

Accident or Suicide? —

LIBRARY BUREAU A83616

Name in Full: Patrick Fitzpatrick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bellevue — County: Washington

Date of death 1904: Month: May — Day: 11 — Age: Years: 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Single — Occupation: Labour

Name of Wife or Husband:

Father's Name: No History — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral regurgitation 19 — How long: —

Immediate: Fell over dead. — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. B. Morrison

Address: Hagerstown Md

Accident or Sulcide? No.

LIBRARY BUREAU A58818

Name in Full: Catherine Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Wooster County: Ohio

Date of death: Month: May Day: 29 Year: 1904 Age: 42 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Housewife Where Residing if not at place of death: Wooster Ohio

Married, Single or Widowed: Married Name of Wife or Husband: King Fletcher

Father's Name: Jacob Brewer Father's Birthplace: Md

Mother's Maiden Name: Jane Ingles Mother's Birthplace: Md

Name of person giving Information: Jane Brewer 20 How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Desease How long: 6 month

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Lehr Md

Address: Health Officer Wooster Ohio

Accident or Suicide?

Coltz & Spring Undertakers

LIBRARY BUREAU A68516

Name in Full: Mary Ellen Brooklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month 5; Day 9; Years Age -; Months 13; Days 9

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bowie Brooklin; Father's Birthplace: W. Va.

Mother's Maiden Name: Martha Bowles; Mother's Birthplace: Md

Name of person giving Information: Martha Brooklin; How related to deceased: Mother

CAUSES OF DEATH

Primary: Broncho-Pneumonia; How long: 10 days

Immediate: Cardiac Failure; How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D B Degueman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Baby Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: 1904 — Month: May — Day: 2 — Age: Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Emmanuel Robinson — Father's Birthplace: Md.

Mother's Maiden Name: Mary Gray do. — Mother's Birthplace: Md.

Name of person giving Imformation: Sabrina Gray — How related to deceased: Grand. mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: D. B. Rozmeau

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A23616

Name in Full

Certificate of Death

Emily Katherine Hammond

Died at Hagerstown, Washington MARYLAND
Town County

Date 19 04	Month May.	Day 21	Age Y. 58. M. D.	Native of Maryland	Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4.

~~Husband~~ Wife of Otho L. Hammond

Father's Name Obadiah Barger Mother's Maiden Name Rachael Wagner

Cause of Death: Primary Tuberculosis — How long sick 4 months

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Clara S. Eisley M. D.

Address 28 W. Franklin St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full: Jacob Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904 May 31

Age: 64 Years 7 Months 27 Days

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Hannah Harris

Father's Name: Jacob Harris

Father's Birthplace: Maryland

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Hannah Harris

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aphasia - Sclerosis

How long: 2 years

Immediate: Cerebral Hemorrhage

How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. B. Hagaman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Dr Hagaman.

Name in Full: Geo. Washington Hart-

CERTIFICATE OF DEATH

MARYLAND

Died at: Ernstville — Town — Washington — County

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	5-	6	Age 27	11	23-

Sex: Male

Color or Race: White

Birthplace: Bigpool

Occupation: Laborer

Where Residing if not at place of death: Ernstville

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry P. Hart-

Father's Birthplace: Md

Mother's Maiden Name: Susan Miller

Mother's Birthplace: Md

Name of person giving Information: James Hart-

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 9 months

Immediate: Exaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frantz Bros Undertakers

Dr West was in attendence

Address: Hancock Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full

Certificate of Death

Infant

Town

Rohrersville

County

Wash

MARYLAND

Died	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	5	14	Age		16	Md	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ✓ Widow ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Clydetown

Mother's Maiden Name Daisy Wade

Cause of Death — Primary: Pneumonia

How long sick 4 days

Immediate: Pneumonia

Accident, ~~Suicide, Homicide~~

Reported by C W Baker. Md

Address Rohrersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full

Certificate of Death

Frank Holmes

Died at Town: Trago County: Wash MARYLAND

Date 1904 Month: 5 Day: 20 | Age Y.: 3 M.: 10 D.: 7 | Native of: Md | Occupation: None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name: Samuel Holmes

Mother's Maiden Name:

Cause of Death: Primary: Rickets

Immediate: Spasms

How long sick: 3 years.

~~Accident, Suicide, Homicide~~

Reported by: C. D. Baker M.D.

Address: Rohrersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name in Full: Still born child of Benj. F. & Rhoda Huntzberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Wash.

Date of death: 1904 — Month: May — Day: 27 — Age: Years — Months: Still born — Days

Sex: male — Color or Race: white — Birthplace: Hagerstown

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Benj. F. Huntzberger — Father's Birthplace: Md

Mother's Maiden Name: Rhoda M. Cramer — Mother's Birthplace: "

Name of person giving Imformation: B. F. Huntzberger — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: D. — How long:

Immediate: Still Born — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm P Miller

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A85016

Name in Full: Edgar C. Justice.

CERTIFICATE OF DEATH

Ohio. MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairport. County: Belmont.

Date of death 1904	Month	Day	Years	Months	Days
	May	15	Age 29	7	8

Sex: Male. Color or Race: White. Birthplace: Hancock Md.

Occupation: Railroad Construction. Where Residing if not at place of death: Morgantown W. Va.

Married, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: Luther Justice. Father's Birthplace: Hancock Md.

Mother's Maiden Name: Rebekah Arch Crow. Mother's Birthplace: Near " "

Name of person giving Information: Rose Justice. How related to deceased: Sister.

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental. How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Martin Justice M.D.

Address: Hancock Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Fredrick Folly Johnson

No 206

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bells Farm | County: Washington

Date of death 1904: Month: May | Day: 17

Age: Years: — | Months: — | Days: 9

Sex: Male | Color or Race: White | Birthplace: Bells Farm

Married, Single or Widowed: Single | Occupation: —

Name of Wife or Husband: —

Father's Name: B F Johnson | Father's Birthplace: Pleasant Grove Md

Mother's Maiden Name: Cora E Meedy | Mother's Birthplace: " "

Name of person giving information: B F Johnson | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Hemorrhage | How long: one week

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Mertz

Address: Williamsport Md.

Accident or Suicide?

8

LIBRARY BUREAU A83518

St Pauls

J. F. Krupp.
Undertaker

Name in Full: George W. Johnston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: May — Day: 1 — Age — Years: 72 — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: Plasterer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mary Riddle Johnson

Father's Name: Thompson Johnson — Father's Birthplace: W. Va

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mary J Johnson — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion — How long: —

Immediate: Heart Failure — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Derr

Address: Hagerstown Md.

Accident or Suicide: —

8

LIBRARY BUREAU AB8018

Name in Full: John A. Jones

CERTIFICATE OF DEATH

Died at: Town: Clarksburg — County: Washington — MARYLAND

Date of death 1904: Month: May — Day: 25 — Age: Years: 72 — Months: 4 — Days: 20

Sex: Male — Color or Race: white — Birthplace: Washington Co Md

~~Married~~, Single or ~~Widowed~~: bachelor — Occupation: Gold miner

Name of Wife or Husband: —

Father's Name: Unknown. — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: Unknown.

Name of person giving In formation: John Jones Junior — How related to deceased: nefew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 3 years

Immediate: Diabetes & Gangrene — How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. C. P. Miller M.D.

Address: Mason & Dixon Pa

~~Accident or Suicide~~?

J. Mangum & Son Undertakers

LIBRARY BUREAU A8818

Name in Full: John Wesley Kendal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg; County: Washington

Date of death 190 4 — Month: 5 — Day: 1

Age — Years: 57 — Months: 10 — Days: 0

Sex: male — Color or Race: white — Birthplace: Maryland

Married, ~~Single or Widowed~~ — Occupation: Farmer

Name of ~~Wife or Husband~~: Marry C. Kendal

Father's Name: George Kendal — Father's Birthplace: Maryland

Mother's Maiden Name: Henrietta Bowers — Mother's Birthplace: "

Name of person giving information: Marry C. Kendal — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism — How long: 6 or 7 yrs.

Immediate: Heart failure — How long: 2 or 3 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. C. M. Steck

Address: Smithsburg Md.

Accident or Suicide?

56

LIBRARY BUREAU A88516

Name in Full: Frederick Roswell Knidler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month 5 — Day 6 — 1907

Age — Years — Months 10 — Days 10

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harvey Knidler

Father's Birthplace: Md

Mother's Maiden Name: Ida Chapman

Mother's Birthplace: Md

Name of person giving Information: Ida Knidler

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis —

How long: 2 months

Immediate: Exhaustion —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Victor D. Wilkins Jr

Address: Hagerstown, Md.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Annie L. Lehman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Wash.

Date of death 1904: Month: May Day: 16 Age: Years: 38 Months: Days:

Sex: female Color or Race: White Birthplace: Md

Occupation: seamstress Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: John F. Lehman Father's Birthplace: Md.

Mother's Maiden Name: Sarah Middlekauff Mother's Birthplace:

Name of person giving Imformation: J. F. Lehman How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: one year

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McP Scott

Address: Hagerstown,

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Frank B Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 5th; Day: 20

Age: Years: 63; Months: 6; Days: 11

Sex: Male

Color or Race: White

Birthplace: W. Va.

Occupation: Carpenter

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Alice Lewis

Father's Name: Frank J. Lewis

Father's Birthplace: W Va.

Mother's Maiden Name: Mary J. Anderson

Mother's Birthplace: W Va

Name of person giving information: Alice Lewis

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis 40 — How long: 3 yrs.

Immediate: Neuralgia of Heart. — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilbur D Miller Jr.

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Bertha Amelia Lizer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greensprings — County: Washington

Date of death 1904: Month: May — Day: 8 — Age: Years: 4 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Cumberland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Bertha Elsworth Lizer — Father's Birthplace: Jefferson Co Va

Mother's Maiden Name: Clara Victoria Hite — Mother's Birthplace: Cumberland

Name of person giving Imformation: C V Hite — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Meningitis (61) — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. H. C. Foster

Address: Greensprings.

Accident or Suicide?

LIBRARY BUREAU A88516

S. M. Rutgers
Sub-Registrar
Clear Spring

Name in Full: Peter Lowery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg County: Wash Co

Date of death: 1904 Month: 5 Day: 17 Age: Years: 67 Months: Days:

Sex: Color or Race: Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: How related to deceased:

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility How long:

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. K. Gardner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A69515

Name in Full: Daniel B. McGraw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death: 1904 Month: May Day: 27

Age: Years: 28 Months: 7 Days: 13

Sex: Male Color or Race: White Birthplace: Sharpsburg

Occupation: Hotel Keeper Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Bessie McGraw

Father's Name: John R. McGraw Father's Birthplace: Sharpsburg

Mother's Maiden Name: Susan A. Delaney Mother's Birthplace: Sharpsburg

Name of person giving Imformation: John R. McGraw How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

118

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis

Immediate: Peritonitis How long: Ten days.

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. M. Garnett.

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Chas. S. Wade
Undertaker

Name in Full: Matthew F. McCaughan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: 1904 Month: May Day: 8

Age: Years: 68 Months: Days:

Sex: male Color or Race: White Birthplace: Penna.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: John M McCaughan Father's Birthplace: Penna

Mother's Maiden Name: Catherine McCauley Mother's Birthplace: "

Name of person giving Imformation: Mrs G. W. Smith Jr. How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years.

Immediate: Exhaustion How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Stuller Jr.

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Nellie Malatt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Downsville; County: Nash.

Date of death: 1904 May 31

Age: Years: ; Months: 6; Days: 16

Sex: Female

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Malatt

Father's Birthplace:

Mother's Maiden Name: Effie Kelly

Mother's Birthplace:

Name of person giving Information: George Malatt

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 5 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Theo Boose

Address: Trimsport, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Edwin Galliard Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: May; Day: 24; Year: 1904

Age: Years: 39; Months: 8; Days: 13

Sex: Male

Color or Race: White

Birthplace: Va

Occupation: Physician

Where Residing if not at place of death: New York. N.Y.

Married, Single or Widowed: married

Name of Wife or Husband: Pauline Mason

Father's Name: A. S. Mason

Father's Birthplace: Va.

Mother's Maiden Name: Mary Eliason

Mother's Birthplace: Md.

Name of person giving Imformation: A. S. Mason

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Addisons disease

How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Dr. A. S. Mason

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Jennie Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bitterns Asylum; County: Washington

Date of death 190 4: Month: May; Day: 24; Years: Age 18; Months; Days

Sex: Female; Color or Race: White; Birth-place: Washington

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband:

Father's Name: Joseph Miller 68; Father's Birthplace: Wash-Co. Md

Mother's Maiden Name: ; Mother's Birthplace: " " "

Name of person giving In formation: Joseph Miller; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Post Epileptic Insanity; How long 8 yrs.

Immediate: Exhaustion. Drawtson; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnon

Address: Hagerstown Md.

Accident or Suicide? No.

4 Okangans and Undertakers

LIBRARY BUREAU A89316

Name in Full: Lafayette Miller.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: May; Day: 27

Age: Years: 79.; Months: 11; Days: 12.

Sex: Male. Color or Race: White. Birthplace: Sharpsburg

Married, Single or Widowed: Single. Occupation: Farmer.

Name of Wife or Husband:

Father's Name: Col. John Miller. Father's Birthplace: Md.

Mother's Maiden Name: Mary Kanode. Mother's Birthplace: "

Name of person giving information: Mrs Annie VanDear. How related to deceased: Sister

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: General debility. How long: —

Immediate: A complication of non-contagious diseases. How long: Several months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: McConnell Gardner

Address: Sharpsburg. Md.

Accident or Suicide?

1179

LIBRARY BUREAU A89516

Eugene Masher.
Undertaker.

Name in Full — Certificate of Death

Chester Lee Moore

Died at Town: Four Locks — County: Washington — MARYLAND

Date 1904 — Month: May — Day: 16 — Age: Y. 9 M. 5 D. 23 — Native of: Md — Occupation: ———

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of ———

Father's Name: Joseph S. Moore — Mother's Maiden Name: Catherine S. Moore

Cause of Death — Primary: Enteritis & Peritonitis — How long sick: 6 days

Immediate: Heart Failure & Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by J. O. Perry

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79801

Name in Full: Harriet Murdock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro — County: Washington

Date of death 1904: Month: May — Day: 6th — Years: 81 — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: John Murdock

Father's Name: — Barber — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs Catharine Stern — How related to deceased: Neice

91

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 10 Years

Immediate: — — — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. Wheeler

Address: Boonsboro

Washington Co Maryland

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Viola Camillia Rosalie Brunner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Hancock		(County) Washington			
Date of death 1904	Month 5	Day 28	Age Years 5	Months 2	Days 0
Sex Female	Color or Race white		Birthplace Hancock		
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed S	Name of Wife or Husband —				
Father's Name Joseph Hayes Harriet Robinson (Brunner)			Father's Birthplace Hancock		
Mother's Maiden Name Wilhelmina Rose Handle			Mother's Birthplace Monroe Co Ind		
Name of person giving Imformation J. H. H. R. Brunner			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Measles		How long 4 days
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. H. Hayes	
	Address	
Accident or Suicide?		

LIBRARY BUREAU A88818

Name in Full: Catherine May Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Shady Bower — Town — County: Wash'n

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: May — Day: 24 — 1904

Age: Years: — Months: — Days: 16

Sex: Female — Color or Race: White

Birthplace: Shady Bower

Occupation: —

Where Residing if not at place of death: "

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Calvin Myers — Father's Birthplace: Ind

Mother's Maiden Name: Fannie Miles — Mother's Birthplace: Ind

Name of person giving In formation: Calvin Myers — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spina bifida — How long: 16 days

Immediate: Exhaustion — How long: 16 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: 4 Clearspring, Washington Co. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Werley Verlin Nave

No 207.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pinesburg — County: Washington

Date of death 190 — Month: May — Day: 19

Age — Years: — Months: 3 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Pinesburg

Married, Single or Widowed: —— — Occupation: ——

Name of Wife or Husband: ——

Father's Name: Alexander Bradley Nave — Father's Birthplace: Williamsport

Mother's Maiden Name: Ella May Leach — Mother's Birthplace: Pinesburg

Name of person giving information: A P Nave — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: one month

Immediate: Prostration — How long: four hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C O S Richardson

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A623S16

J. F. / Enfp.
Undertaker

Name in Full: Emma Plummer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: May — Day: 30 — Age: Years: 30 — Months: — Days: 25

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: Married — Occupation: H.W.

Name of ~~Wife~~ Husband: John Plummer

Father's Name: Conrad Bower — Father's Birthplace: Germany

Mother's Maiden Name: Catharine Peiffer — Mother's Birthplace: Germany

Name of person giving information: Mrs Catharine Bower — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: several years

Immediate: Exhaustion — How long: three months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. C. Pagan

Address: Hagerstown Md.

Accident or Suicide? No

45

LIBRARY BUREAU A28515

Name in Full: William H. Offenbarger

CERTIFICATE OF DEATH

STATE OF MARYLAND

Died at — Town: Rohrersville — County: Washington

Date of death 1904 — Month: 5 — Day: 13 — Age: Years 53 — Months: 10 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Rohrersville

Occupation: Farmer — Where Residing if not at place of death: Rohrersville

Married, Single or Widowed: Married — Name of Wife or Husband: Marion A. Offenbarger

Father's Name: Thomas Offenbarger — Father's Birthplace: Rohrersville

Mother's Maiden Name: Mary Ann Thomas — Mother's Birthplace:

Name of person giving Information: Marion A. Offenbarger — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mental Aberration — How long: 5 Years

Immediate: Asthenia Elongulation — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. D. Baker M.D.

Address: Rohrersville Maryland.

Accident or Suicide?

LIBRARY BUREAU A3318

Name in Full — Ricker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chesnut Grove — County: Washn

Date of death 1904 — Month: May — Day: 11 — Age: Years — Months — Days: 14

Sex: Female — Color or Race: Wh — Birthplace: Wash Co

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Jno Ricker — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imperfect Act Supply — How long

Immediate: Congestion of Lungs — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Martha Ann Rohrbach

Died at: Town: Sharpsburg — County: Washington

Date of death 1904: Month: May — Day: 5th

Age: Years: 67. — Months: 1. — Days: 16.

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: widowed — Occupation:

Name of Wife or Husband:

Father's Name: Daniel Pipes. was — Father's Birthplace: Maryland

Mother's Maiden Name: dont. Know — Mother's Birthplace: dont. Know

Name of person giving Information: Mrs Jack Thomas — How related to deceased: grand Child.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long:

Immediate: Bronchitis with Exhaustion — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O. Gunnison

Address: Sharpsburg Md

Accident or Suicide:

LIBRARY BUREAU A08816

Eugene Marker
Undertaker.

Name in Full: Cathrine Boutzahn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: May; Day: 28

Age: Years: 69; Months: 3; Days: 19

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Wm H Boutzahn

Father's Name: Daniel Main

Father's Birthplace: Md

Mother's Maiden Name: Malinda Horine

Mother's Birthplace: Md

Name of person giving information: Mrs Gassman

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long:

Immediate: Cardiac Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. P. Tawper

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Richard D Schnider

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: #5; Day: 7

Age: Years: 43; Months: 10; Days: 16

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Mfg Agent

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel E Schnider

Father's Birthplace: Md

Mother's Maiden Name: Otilla R. Emmert

Mother's Birthplace: Md

Name of person giving Information: Jos Schnider

How related to deceased: Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A Warnecum

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lotus Ethel Arline Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: May; Day: 21; 1904

Age: Years: —; Months: 2; Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Schmidt — Father's Birthplace: Md

Mother's Maiden Name: Maggie Mentzer — Mother's Birthplace: Md

Name of person giving Information: Schmidt — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 7 wks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Miller

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mrs. Elizabeth Seibert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clearspring; County: Wash.

Date of death: Month: May; Day: 8; 1904

Age: Years: 78; Months: 1; Days: 13

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Daniel Seibert Dec.

Father's Name: John Schnebly

Father's Birthplace:

Mother's Maiden Name: Leydia Resley

Mother's Birthplace:

Name of person giving information: Daniel Seibert, Eson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age

How long: Three years

Immediate: Heart failure

How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Stephen Shank

Address: Clearspring Washington Co. Md

Accident or Suicide?

PHYSICIAN OR CORONER

154

LIBRARY BUREAU A6851C

Name in Full: Amanda B. Shoop

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mapleville — County: Wash.

Date of death 1904 — Month: May — Day: 11 — Years: 43 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Mapleville

Married, Single or Widowed: Married — Occupation: H. Wife

Name of ~~Wife~~ Husband: S. Barton Shoop

Father's Name: David Stull — Father's Birthplace: Wash. Co

Mother's Maiden Name: — Fahrney — Mother's Birthplace: " "

Name of person giving information: S. B. Shoop — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Hemorrhage~~ Phthisis. — How long: 5 yrs

Immediate: Ruptured vessel — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

~~Accident or Suicide?~~ Accident.

LIBRARY BUREAU A66516

Name in Full: Charles B Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Funkstown | County: Washington | MARYLAND

Date of death: 1904 | Month: 5 | Day: 28 | Age: Years: 5-8 | Months: 4 | Days: 5

Sex: Male | Color or Race: White | Birthplace: Funkstown

Occupation: None | Where Residing if not at place of death: —

Married, Single, Widowed | Name of Wife or Husband: Ellen McCarty

Father's Name: Benj Smith | Father's Birthplace: Funkstown

Mother's Maiden Name: Christiana Shanks | Mother's Birthplace: —

Name of person giving Information: Thomas Smith | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of Brain | How long: 7 days

Immediate: Heart Failure | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Hemigard

Address: Funkstown

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Delilah Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pen Mar State Line | County: Franklin | Penn

Date of death: 1904 May 21 | Age: 68 Years 2 Months 13 Days

Sex: Female | Color or Race: White | Birthplace:

Occupation: Boarder | Where Residing if not at place of death:

Married, Single or Widowed: widow | Name of Wife or Husband: Emanuel Snyder

Father's Name: Emanuel Snyder. | Father's Birthplace: Washington Co.

Mother's Maiden Name: Delilah Kretsinger | Mother's Birthplace: Washington Co. Md

Name of person giving Imformation: G W Gossard | How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism | How long: Several months

Immediate: Diarrhoea, exhaustion from | How long: several days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. F. Worrell

Address: Greencastle Penn

Accident or Sulcide?

LIBRARY BUREAU A88814

Dietrich Hn

Name in Full: Mrs. Ernie Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: May — Day: 28 — Years: 31 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death: Balto. Md.

Married, Single or Widowed: married — Name of Wife or Husband: John Thompson

Father's Name: Geo. A. McC. Kane — Father's Birthplace: Md.

Mother's Maiden Name: Mary Bowers — Mother's Birthplace: "

Name of person giving Imformation: John McC. Kane — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 5 yrs.

Immediate: Exhaustion — How long: Gurks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: W B Monson

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A89316

Name in Full: Miss Katherine Updegraff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: May; Day: 1; Years: 15; Months: 2; Days:

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: School girl; Where Residing If not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: George F. Updegraff; Father's Birthplace: Md.

Mother's Maiden Name: Della Eavey; Mother's Birthplace: "

Name of person giving Information: Geo. F. Updegraff; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

116

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Caecum with perforation involving the Appendix. How long

Immediate: Abcess formation along lymphatics to liver. How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: E. A. Wareham

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Ida Cordelia West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brownsville; County: Washington

Date of death 1904: Month: 5; Day: 18

Age: Years: 47; Months: 10; Days: 9

Sex: Female; Color or Race: White; Birthplace: Burkettsville Md

Married, Single or ~~Widowed~~: married; Occupation: Housewife

Name of ~~Wife or~~ Husband: W. J. West

Father's Name: David Arnold; Father's Birthplace: Md

Mother's Maiden Name: Mary Boyer; Mother's Birthplace: "

Name of person giving Information: John F. A. Heinz; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach; How long: 2 Years

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Fourtin, M.D.

Address: Brownsville, Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Charles A. Zeigler.

Town: Indian Spring County: Washington MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
5	31	Age 21			Pa	Laborer.

Date 1904

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name: Rufus Zeigler Mother's Maiden Name: Manzella Patterson

Cause of Death — Primary: Lightining How long sick

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Rufus Zeigler.

Address Indian Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elizabeth Zentmyer

CERTIFICATE OF DEATH

Pennsylvania ~~MARYLAND~~

Died at: Town: near Upton Pa — County: Franklin

Date of death: Month: May — Day: 24th — Years: Age 86 — Months: 9 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Lancaster Pa

Occupation: Lived on farm — Where Residing if not at place of death: near Upton Pa

Married, Single or Widowed: Widow — Name of Wife or Husband: David Zentmyer

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Hillary Gossard — How related to deceased: Sonin law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dementia — How long: One year

Immediate: Coma — How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Gilland

Address: Greencastle Penna

Accident or Suicide?

LIBRARY BUREAU A88316

Please Return
Both Permits
J. A. Strickland & Son